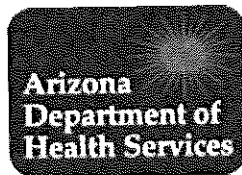


**ARIZONA DEPARTMENT OF HEALTH SERVICES/DIVISION OF
BEHAVIORAL HEALTH SERVICES 1/18/2012 STATEWIDE
BEHAVIORAL HEALTH TRIBAL CONSULTATION MEETING REPORT**

PREPARED BY
Michael Allison
Native American Liaison
Office of the Director



June 15, 2012

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1/18/2012 Behavioral Health Tribal Consultation Meeting Summary

Attendance:

The meeting was held in Conference Rooms 215 A&B of the Arizona Department of Health Services (ADHS) 150 N. 18th Avenue office building in Phoenix. Thirty-four participants participated with twenty-three in person at ADHS and eleven at telemedicine sites located at three Indian Reservation sites (Hualapai, Hopi and Gila River) and two Regional Behavioral Health Authority (RBHA) sites (Flagstaff and Tucson). See Attachment One and Two for a Listing of Participants and the Meeting Agenda.

Welcome, Blessing, and Opening Comments:

Michael Allison (Navajo), Native American Liaison, at ADHS, provided the opening comments and functioned as the meeting Master of Ceremony. Filmer Lallo (Pueblo of Zuni), Coordinator, Native American Program, Banner Alzheimer's Institute, gave the traditional blessing. Will Humble, Director, ADHS provided additional welcoming remarks and provided an update on the status of integrated care contracting. The first draft of licensing regulations may be ready by April, 2012. Efforts are underway to initiate the RFP process for the RBHA contract for Maricopa County. The following question/comments were made and asked by Tribal representatives with replies from Will Humble:

Reuben Howard, Executive Director, Health Services Division, Pascua Yaqui Tribe commented that there should be reduction of requirements for Tribes due to smaller infrastructure and licensing requirements are duplicative. Will Humble replied he was open to discuss deemed status and other alternative options.

Loren Sekayumptewa, Director, Hopi Guidance Center commented that the approach must be unique to each Tribe. Tribes have recruitment & retention challenges and there are auto-enrollment issues, etc. Will Humble ask Mr. Sekayumptewa to put his comment/concerns into writing and he asked Michael Allison to follow up with Loren.

Block Grants Presentation, Discussion and Recommendations:

Michael Sheldon, Manager, Office of Data Reporting & Analysis, ADHS-Division of Behavioral Health Services (DBHS) gave a power point presentation on the joint application process for the Substance Abuse Prevention and Treatment Block Grant (SAPT) and the Community Mental Health Services Block Grant (CMHS). The services cannot be Medicaid reimbursable services. The following question/comments were made with replies from ADHS staff.

Reuben Howard commented that the \$9-9 ½ million for the joint application should be based on need and traditional medicine should be allowed. Ann Froio, Assistant Director, ADHS-DBHS commented that the methodology for determining need must be developed and she did not see why traditional medicine could not be included.

1/18/2012 Behavioral Health Tribal Consultation Meeting Summary

Al Long, Senior Program and Project Specialist, Navajo Division of Health, Department of Behavioral Health asked why the Tribes were not consulted prior to ADHS submitting the joint application. Ann Froio apologized for this situation. She stated ADHS is committed to Tribal Consultation.

Dr. Bill Arnet, Director, Apache Behavioral Health Services, Inc. commented that TRBHAs could potentially get more funding based on needs. Ann Froio answered that this was a possibility based on documentation. Michael Sheldon commented that ADHS lacks American Indian total data.

Alida Montiel, Health System Analyst, Inter Tribal Council of Arizona, Inc. commented that there is a need for a Needs Methodology System because Tribes, Indian Health Service (IHS) and urban Indian information is lacking in the state data system. Giving the timeframe there might be a case to hire a consultant to work on the methodology. Ann Froio commented that this was a good suggestion. Lydia Hubbard-Pourier, TRBHA Contract Administrator, ADHS-DBHS commented that the challenge will be obtaining data from the 638 programs as they receive Medicaid payment through an all inclusive rate and do not have utilization rates. Michael Sheldon commented he could support the hiring of a consultant.

Loren Sekayumtewa commented that there is a need to invest dollars to determine the methodology. There are substance abuse and mental health dual diagnoses, domestic violence, elder abuse, etc. There is no higher level of care available on the reservations. There is a lack of cultural competency with RBHA providers. There is also a need for long term care. Needs are not being met. Ann Froio requested Mr. Sekayumtewa to put his comments into writing.

Reuben Howard commented that there is a need for Tribal input into the RBHA service delivery. He recommended a Working Group. Ann Froio and Michael Shelton agreed with this recommendation.

Al Long commented that he supports the Work Group recommendation. He also supported Loren Sekayumtewa's priority suggestion. Methodology need is beyond just ADHS. It includes IHS and SAMHSA. Michael Sheldon commented on the need to document undocumented needs.

Alida Montiel asked if a survey would be useful. Michael Sheldon commented he would support a survey approach.

Steve Green, CEO, Gila River Indian Community TRBHA commented that he supports the recommendation for a Tribal Work Group to work on methodology development.

Carol Chicharello, Tribal Relations Liaison, Arizona Department of Economic Security commented on the billing system and said that IHS is the payer of last resort for Indian people. Michael Sheldon commented that ADHS is payer of last resort per the grant guidelines. Ann Froio commented that this issue needs to be researched.

Coordination of Care Services, Discussion and Recommendations

Robert Sorce, Assistant Director, Health Care Development, ADHS-DBHS provided comments on the creation of a new ADHS-DBHS office called the Health Care Development. He provided a presentation on the background and status of the Maricopa County RBHA RFP. It is a new model for integrated health care for Seriously Mentally Ill patients/clients. ADHS is drafting revised behavioral health licensing rules to allow for integrated care. The current Magellan contract has been extended for one additional year to 10/01/2013. The new RFP should be issued during the summer of 2012. Per the Affordable Care Act health information exchanges must be established and everyone must have health coverage. The Supreme Court will soon hear the states' suit against the Affordable Care Act. The following questions and comments were made with ADHS staff answers:

Reuben Howard asked how electronic medical records would be handled and how the new Maricopa County RFP would effect on and off reservation American Indians. Robert Sorce commented that electronic medical records apply to all patient care, not just for behavioral health and that ADHS-DBHS is partnering with Magellan without any extra dollars for Magellan. Planning is not that far along to answer the on and off reservation question. He added that feedback is needed from everyone.

Steven Green commented that the Gila River Indian Community is already doing integration successfully.

Alida Montiel commented that ADHS needs to reach out to Maricopa County Tribes. Bob Sorce commented that the ADHS Raise Your Voice effort was to obtained community input.

Loren Sekayumtewa commented that there is a need to consider urban Indians in ADHS planning. American Indians are not included up front as is required. There is a difference between American Indian and non-Indian definition of mental health. There is a need for capacity building support for Tribes. There is a need for system compatibility. Due to state cuts to AHCCCS non-eligible AHCCCS American Indian patients are turning to IHS for care. Robert Sorce commented he was supportive of Mr. Sekayumtewa's comments. AHCCCS service cuts are also impacting non-Indian patients. He added that in 2014 per the Affordable Care Act, the Medicaid eligibility will be 133% of poverty.

Alida Montiel commented that the team delivery of service provides better care. There is a need for screening tools. Who will do outreach to the Tribes? Robert Sorce agreed with Ms Montiel's comments. Tools are still under development. ADHS will do Tribal outreach.

Al Long commented that treatment must include traditional medicine and other patient choice including faith based treatment. There needs to be outreach to IHS, other federal agencies and PL 93-638 Tribal contracted programs. Robert Sorce commented that some services are not reimbursable and that SAMHSA and CMS are aware and involved.

1/18/2012 Behavioral Health Tribal Consultation Meeting Summary

Closing Remarks

Ann Froio commented that this Tribal Consultation Meeting was long overdue to start our dialogue. She thanked everyone for their participation. Michael Allison commented that he would be preparing a report documenting the proceedings and outcome of the meeting and that he would be following up on the Work Group recommendation. Prior to finalization of the meeting report he would provide a draft to all participants noted as making comments. In response to a question from Alida Montiel, Ann Froio commented that ADHS-DBHS Behavioral Health Tribal Consultations would be held on at least an annual basis.

Dr. Laura Nelson, Deputy Director, ADHS-DBHS introduced Jon T. Perez, Regional Administrator, Region IX, SAMHSA. Mr. Perez expressed appreciation for the opportunity to make comments to the meeting participants. The participants requested that he follow up on two topics. The first was the proposed White House recommendation to include \$50 million for American Indian/Alaska Native SAMHSA grants. The second was the payer of last resort for SAPT and CMHS grants. He stated he would follow up and provide the results of his findings to Dr. Nelson and Michael Allison.

List of Participants

Attachment One

First Name	Last Name	Title	Tribe/Agency
ADHS Site			
Albert	Long	Senior Program & Project Specialist	Navajo Department of Behavioral Health Svcs
Shannon	Yazzie	Patient Benefits Coordinator	Winslow Indian Health Care Corporation
Bill	Arnett	CEO	White Mountain Apache Tribe TRBHA
Billie	Cosay	Patient Network Coordinator	White Mountain Apache Tribe TRBHA
Ericka	Gloshay	Human Resource Training Coordinator	White Mountain Apache Tribe TRBHA
Leolani	Ah-Quin	Sr.-Behavioral Health Counselor	Salt River Pima – Maricopa Indian Community
Monica	Taylor-Desir, MD	Psychiatrist	Salt River Pima – Maricopa Indian Community
Steven	Green	Executive Director	Gila River Health Care TRBHA
Steve	Willis	Assistant Director	Gila River Health Care TRBHA
Reuben	Howard	Executive Director, DH&HS	Pascua Yaqui Tribe
Clare	Cory	Program Manager	Pascua Yaqui Tribe TRBHA
Alida	Montiel	Health System Analyst	Inter Tribal Council of Arizona
Will	Humble	Director	Arizona Department of Health Services
Laura	Nelson	Deputy Director, DBHS	Arizona Department of Health Services
Michael	Allison	Native American Liaison	Arizona Department of Health Services
Ann	Froio	Assistant Director, DBHS	Arizona Department of Health Services
Robert	Sorce	Assistant Director, DBHS	Arizona Department of Health Services
Michael	Sheldon	Manager, ODR&A, DBHS	Arizona Department of Health Services
Lydia	Hubber-Pourier	TBHA Contract Administrator, DBHS	Arizona Department of Health Services
Margaret	McLaughlin	Acting Branch Chief of Compliance, DBHS	Arizona Department of Health Services
Sheina	Yellowhair	Tribal Liaison	Cenpatico Behavioral Health of Arizona
Carol	Chicharello	Tribal Relations Liaison	Arizona Department of Economic Security
Filmer	Lalio	Coordinator, Native American Program	Banner Alzheimer's Institute
Telemedicine Sites			
Hualapai Indian Reservation			
Sandra	Irwin	Director, HE&WC	Hualapai Indian Tribe
Sherry	Counts	Program Manager, HE&WC	Hualapai Indian Tribe
Karen	Hays	Program Manager, HE&WC	Hualapai Indian Tribe
Hopi Indian Reservation			
Loren	Sekayumtewa	Director	Hopi Guidance Center
Jon	Josaevama	Quality Assurance Program	Hopi Guidance Center
Gila River Indian Community Reservation			
Joan	Gray	Clinical Manager for ICM	Gila River Behavioral Health Services
Rick	Poulin	Network Manager	Gila River Behavioral Health Services
Don	Arntsen	Quality Improvement Manager	Gila River Behavioral Health Services
NARBHA Flagstaff			
Cheri	Wells	Tribal Liaison	No. AZ Regional Behavioral Health Authority
CPSA Tucson			
Julia	Chavez	Tribal Liaison	Community Partnership of Southern Arizona
Jodi	Fredrick	Adult Services Manager	Community Partnership of Southern Arizona

AGENDA
BEHAVIORAL HEALTH TRIBAL CONSULTATION MEETING

Arizona Department of Health Services (ADHS)
Division of Behavioral Health Services
Conference Rooms 215A&B
150 N. 18th Avenue
Phoenix, Arizona
1/18/12
1:00 – 4:30pm

Call in Number 1-800-959-1063 x7820, Conference Number 1234
Telemedicine Participation at NARBHA in Flagstaff and CPSA in Tucson

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|---------------|--|
| 1:00 – 1:30pm | Welcome, Blessing, Opening Comments

Michael Allison, Native American Liaison, ADHS
Filmer Lalio, Pueblo of Zuni Member
Will Humble, Director, ADHS |
| 1:30 – 3:00pm | Block Grants Presentation, Discussion and Recommendations

<ul style="list-style-type: none">• Substance Abuse Prevention and Treatment• Community Mental Health
Michael Sheldon, Manager, Office of Data Reporting & Analysis, DBHS |
| 3:00 – 3:15pm | Break |
| 3:15 – 4:30pm | Coordination of Care Services, Discussion and Recommendations

Robert Sorce, Assistant Director, Health Care Development, DBHS |
| 4:30pm | Closing Remarks, Adjournment

Dr. Laura Nelson, Deputy Director, DBHS |